

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES



The Division of Nutritional Health and Services

Nutrition in Focus

Adolescence (13-17 years)

Adolescence is a period of intense physical, psychosocial, and cognitive development. Puberty – about age 10 to 12 for girls and 12 to 14 for boys – is an intense growth period that brings dramatic changes in height and weight. Because body mass almost doubles, adolescents are particularly vulnerable to even modest levels of energy restriction. At puberty, the skeleton is only one-half its final adult mass. Despite the seeming permanence of bone, it is constantly being formed and reabsorbed. This process occurs most frequently during childhood and adolescence and at a declining rate thereafter. This dramatic increase in energy and nutrient requirements coincides with a time when many children develop irregular eating habits because they are frequently eating away from home. They are also more subject to outside influences, such as their friends, than when they were younger.

What are the consequences of poor nutrition?

- ⇒ Inadequate intake of essential vitamins and nutrients during this stage can result in stunted growth, delayed menarche or amenorrhea, iron deficiency and other anemias, overweight, and osteoporosis during the adult years.
- ⇒ Adolescent and teen-age girls are at particularly high risk of developing eating disorders, such as anorexia and bulimia (the binge and purge disorder), but these conditions are now seen more and more often in boys as well.
- ⇒ Drinking, smoking, and drug abuse exacerbate the nutritional status of adolescents and further contribute to poor nutritional intake.

What are we doing?

- ⇒ Assuring access to nutritious food for vulnerable children and adults through WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), the Farmers' Market Nutrition Program (FMNP), the Summer Food Service Program (SFSP), and the Child and Adult Care Food Program (CACFP). (*Assurance*)

- ⇒ Educating teachers, nutritionists, and community-based educators to provide more effective nutrition education. (*Assurance*)
- ⇒ Promoting healthy behaviors through public information avenues, such as the *Eat for Health* and the *5-A-Day for Better Health* Campaigns. (*Assurance*)
- ⇒ Supporting early nutritional risk assessment in schools. (*Assessment*)
- ⇒ Designing a population-based monitoring and surveillance system that will assess the nutritional health status of all Missourians, regardless of age or income level. (*Assessment*)

How are we doing?

- ⇒ The percentage of pregnant teenagers aged 19 years and younger enrolled in WIC has decreased from 28.7% (1994) to 26.9% (1999). (Pregnancy Nutrition Surveillance System)
- ⇒ The Summer Food Service Program is reaching only 13% of eligible children.
- ⇒ The percentage of adolescents whose average daily intake of fruits and vegetables is five or more servings has decreased from 25% (1997) to 18% (1999). (Youth Risk Behavior Surveillance System)

What more can we do?

- ⇒ Continually seek effective and creative methods to communicate nutrition messages to children and their families in a variety of forums - school, church, the workplace, and recreational venues.
- ⇒ Assure that disadvantaged children and families have access to adequate nutrition.
- ⇒ Assess regularly and systematically the nutritional status of adolescents in Missouri, and develop policies and programs to address unmet needs.

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